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ABSTRACT

This document contains a variety of materials from the Teen Outreach program, a school-based program begun by the Junior League of St. Louis (Missouri) and designed to decrease the incidence of teenage pregnancy and increase the number of at-risk teenagers who successfully complete their high school education. It is noted that Teen Outreach program expanded to a total of 23 cities in 1988-1989 which were responsible for the implementation of 61 local Teen Outreach programs in middle schools and high schools throughout the United States and Canada. Included in this document are: (1) a fact sheet about Teen Outreach that explains what the program is, how it began, which cities have implemented Teen Outreach, and how to obtain more information about the program; (2) an evaluation report from the fifth year of national replication of Teen Outreach that provides data from the 1988-1989 school year; (3) a process evaluation report of the Teen Outreach program from the 1987-1988 school year; (4) a Teen Outreach newsletter; (5) an overview of the Teen Outreach program; (6) a fact sheet on the Association of Junior Leagues International, Inc.; (7) a booklet on teenage pregnancy; and (8) an order form for other Teen Outreach materials. (NB)

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TEEN OUTREACH PROGRAM

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TEEN OUTREACH PROGRAM

1. What Is Teen Outreach?

The Teen Outreach Program (TOP) is a school-based program designed to decrease the incidence of teenage pregnancy and increase the number of at-risk teenagers who successfully complete their high school education. It offers adolescents of both sexes opportunities to connect with their community, to give, and to explore careers by placing them as volunteer interns in community service programs and agencies. Trained facilitators/teachers provide support with developing living skills and setting future goals in a peer-group setting. An important part of TOP is the evaluation component that determines the effectiveness of the program. TOP was cited in a widely publicized report, Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing, by the National Research Council as one of the few programs able to document its impact on preventing teen pregnancy and reducing the school dropout rate. All TOP sites participate in the evaluation of the program.

2. How Did It Begin?

In 1981, the Junior League of St. Louis, with the support of the Danforth Foundation, assumed a major role in promoting and funding Teen Outreach which had begun in 1978 in one city high school in St. Louis. In 1984, after an independent evaluation had demonstrated the success of the program, the Junior League of St. Louis, with the support of the Association of Junior Leagues, sought and was granted funding by the Charles Stewart Mott Foundation to begin national replication of Teen Outreach for three years (1984-1987).

From the original eight Junior Leagues which initiated programs in 1984, Teen Outreach grew to a total of 24 cities in 1988-89 which were responsible for the implementation of 61 local Teen Outreach programs in middle schools and high schools throughout the United States and Canada.

With continuing support from the Charles Stewart Mott Foundation as well as the Lila Wallace-Reader's Digest Fund and other foundations, the Association of Junior Leagues and the American Association of School Administrators joined forces in a three-year effort (1987-1990) to expand the replication of Teen Outreach to reach more adolescents at risk.

A project of
The Association of Junior Leagues in collaboration with The American Association of School Administrators

Association of Junior Leagues, Inc.
660 First Avenue
New York, New York 10016
212/683.1515

Funders
Charles Stewart Mott Foundation
Lila Wallace-Reader's Digest Foundation

3. Which Communities Have Implemented Teen Outreach?

Abilene, TX
Baltimore, MD
Boise, ID
Central and North Brevard, FL
Charleston, SC
Charleston, WV
Charlotte, NC
Chicago, IL
Cincinatti, OH
Cleveland, OH
Colorado Springs, CO
Elizabeth-Plainfield, NJ
Eugene, OR
Springfield, MA
Greensboro, NC
Holyoke, MA
Little Rock, AR
Madisonville, KY
Minneapolis, MN
Monmouth County, NJ
Norfolk, VA
Omaha, NE
Orange County, NY
Orlando-Winter Park, FL
Peoria, IL
Pittsburgh, PA
Providence, RI
Pueblo, CO
Roanoke Valley, VA
Rochester, NY
Salt Lake City, UT
St. Joseph, MO
St. Louis, MO
San Diego, CA
San Jose, CA
Savannah, MO
Springfield, MA
Westchester-on-Hudson, NY
Wilmington, DE
Winnipeg, MB

4. Has the Program Been Successful?

Results of a four year evaluation indicate that during the school year in which students participate in Teen Outreach, they have lower rates of pregnancy, course failure, school suspension and school drop-out than do comparison group students.

5. AJLI Services to Leagues and Other Sponsoring Agencies

AJLI aids Leagues which implement TOP through on-site training, written manuals, telephone consultation and national and regional training and planning conferences.

AJLI coordinates volunteer trainers who will make on-site visits to provide guidance on implementing the program and carrying out the evaluation.

Written materials include a curriculum for facilitators; a How-To Manual which provides concrete suggestions for launching and administering TOP; and an Evaluation Manual.

Telephone consultation for new and continuing sites is available from the AJLI Coordinator of Adolescent Pregnancy Programs, trainers and evaluators.

6. How to Obtain More Information on TOP

Call (212) 683-1515 or write to AJLI, 660 First Avenue, New York, NY 10016, for free TOP information packets.

7. AJLI Teen Outreach Staff

Kathy Herre, Coordinator of Adolescent Pregnancy Programs
Ann Collins, Staff Associate
Angelo Ragaza, Administrative Assistant

TEEN OUTREACH:

THE FIFTH YEAR OF NATIONAL REPLICATION

DATA FROM THE 1988-89 SCHOOL YEAR

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INTRODUCTION

Teen Outreach is a school-based program for adolescents designed to prevent early pregnancy, to encourage regular progress in school, and to relieve many of the root causes of problems facing youth today. The program seeks to reach its goals through a combination of small group discussion strategies using its own curriculum, and by providing volunteer service experience in the community for its young participants. It is, in other words, a program designed to promote positive life options.

In 1981, the Junior League of St. Louis assumed a major role in promoting and funding the Teen Outreach Program, which had begun in 1978 as a collaborative effort between the Danforth Foundation and the St. Louis Public Schools. In 1983, funding was obtained from the Charles Stewart Mott Foundation to begin a three-year national replication of Teen Outreach. By 1987 a second three-year national replication effort began under the direction of the Association of Junior Leagues International, in cooperation with the American Association of School Administrators.

Table 1 shows the growth of Teen Outreach since 1984. The number of Teen Outreach sites has increased from 8, in the 1984-85 school year, to almost 90 in 1989-90. Similarly, the number of students enrolled in the program has increased by almost seven-fold to over 1,000 in the 1988-89 school year.

TABLE 1: **THE GROWTH OF TEEN OUTREACH, 1984 TO 1990**

School Year	Students	Cities	Sites
1984-85	148	8	7
1985-86	444	16	24
1986-87	632	15	35
1987-88	782	14	44
1988-89	1028	28	60
1989-90 (estimated)	--	--	87

This report evaluates the success of Teen Outreach in 1988-89, the fifth year of national replication. Thirty-five sites located in 18 cities have contributed data to the evaluation (see Table 2). Together the sites enrolled 542 students in Teen Outreach at the beginning of the school year.

The local Teen Outreach sites range in size from 5 students in Bristol, Rhode Island, to 23 students in Charlotte, North Carolina. Middle schools, junior highs, and senior highs all serve as sites for Teen Outreach. The average Teen Outreach site enrolls 15 students.

TABLE 2:
THE TEEN OUTREACH SAMPLE IN 1988-89

Site	Teen Outreach Students N=542	Comparison Students N=554
Colorado		
Centennial High School, Pueblo	13	22
South High School, Pueblo (Kelley)	12	18
South High School, Pueblo (Wagner)	10	17
Florida		
Howard Middle School, Orlando	18	16
Idaho		
Hillside Jr High/Community Education, Boise	14	15
Illinois		
Collins High School, Chicago	21	20
DuSable High School, Chicago	15	15
Kenwood Academy, Chicago	14	16
Lake View HS, Chicago (Peterson)	15	15
Lake View HS, Chicago (Rembert)	19	19
Orr Community Academy, Chicago-Calhoun	14	14
Savoy	19	19
Valenziano	18	15
Williams	20	20
Manitoba		
Cecil Rhodes, Winnipeg	18	18
Massachusetts		
Carew Hill Girls Club, Springfield	8	8
Minnesota		
Plymouth Christian Youth Center, Minneapolis	13	11
South High School, Minneapolis	19	11
Work Opportunity Center, Minneapolis	8	8
Missouri		
Savannah R-III High School, St. Joseph	25	25
Nebraska		
Bryan High School, Omaha	12	11
Hale Junior High, Omaha	16	17
Norris Junior High, Omaha	20	20
South High School, Omaha	17	19
New York		
Middletown High School, Middletown	20	28
Monroe Woodbury High School, Central Valley	21	21
Pine Bush High School, Pine Bush	12	12

THE TEEN OUTREACH SAMPLE IN 1988-89, continued

Site	Teen Outreach Students N=542	Comparison Students N=554
North Carolina		
Northwest Middle School, Charlotte	23	16
Ohio		
Kirk Middle School, East Cleveland (Cyrus)	10	12
Oregon		
Creswell High School, Creswell	13	14
Rhode Island		
Bristol High School, Bristol (Frausel)	19	18
Bristol High School, Bristol (Butler)	5	5
Texas		
Lincoln Middle School, Abilene	16	14
Woodson Opportunity Center, Abilene	16	16
Virginia		
Salem High School, Salem	9	9

Note: The totals at the top of each page are the number of students on which intake data were received. Some of these students were lost to follow-up (see text) and were subsequently removed from the data set.

THE EVALUATION DESIGN

The evaluation design for Teen Outreach relies on the utilization of common reporting forms at all sites. Each site recruits a local comparison group at the beginning of each school year, preferably using true random assignment procedures. When this is not possible, the comparison students are generally named by the program participants as young people they knew who might have filled out the intake forms "about like you did." In 1989-90, for the first time, five sites were able to use randomization procedures to assign students to their Teen Outreach or control groups. This report presents data separately for this more rigorously matched sample, as well as for the total national sample.

The evaluation of Teen Outreach has always monitored the following outcome variables for both program students and their comparisons:

- school suspension
- failure of courses in school
- dropping out of school, and
- pregnancies.

However, because the previous evaluation data for these indicators have been rather consistently positive, the 1988-89 evaluation reported here also gathered data on:

- arrests
- skipping school

- use of alcohol or marijuana
- having sexual intercourse
- using contraception when sexually active
- joining after-school activities
- getting an award
- getting on the honor roll, and
- educational aspirations.

These outcomes were added to explore other impacts that Teen Outreach might be having on young people and to sensitize our measures to both positive and negative outcomes.

The evaluation is thus somewhat demanding for a school-based program of this kind in that it measures almost exclusively behavioral outcomes, neglecting the traditional emphasis on participant testimonials, knowledge change, or attitude change. This evaluation of Teen Outreach reports outcome measures on these variables at the end of the school year for all students originally enrolled in the program, regardless of their attendance at the program or volunteer work pattern.

At the beginning of the 1988-89 school year, 48 Teen Outreach sites submitted intake or baseline data forms as part of the evaluation. At the end of the year, 13 of these sites failed to submit any exit forms at all. Six of these sites were in one location where the program was new and no comparison sites were available.

Among sites participating in the evaluation, loss to follow-up has been extremely low throughout the five years of the

program's evaluation. This year, 47 or 8.7% of the Teen Outreach students were lost, while 64 or 11.6% of the comparison students could not be accounted for at the end of the school year. The total loss to follow-up in the 1988-89 sample is thus 10.1%.

While this overall loss is acceptably low, and the Teen Outreach students who were lost do not differ from the comparison students who were lost in their demographic characteristics, they do differ in two other ways. The lost Teen Outreach students were more likely to have gotten awards in the previous year than were the students from the comparison group who were lost. Also, the lost Teen Outreach students were less likely to report being previously suspended than were the lost comparison students.

CHARACTERISTICS OF TEEN OUTREACH STUDENTS

Teen Outreach students enter the program in a variety of ways. At some schools, they volunteer to participate, responding to announcements of the program on posters or in the school media. At other sites, students are targeted by the program facilitators or counselors as "high risk" for school leaving or pregnancy. At still other schools, facilitators seek out students who are not yet exhibiting negative behaviors but who could become high risk. Table 3 shows the characteristics of the national sample of Teen Outreach students and their comparisons in 1988-89.

Over 75 percent of those enrolled in Teen Outreach nationwide are females. They range in age from 11 to 21, with an average age of 14.9 years. A similar range occurs in grade level, with students as young as the fifth grade and as old as high school seniors. About 40 percent of the Teen Outreach students are black, another 40 percent are white, and 13 percent are Hispanic. Those in other race/ethnicity groups include mostly Native Americans and Asians.

About 41 percent of these young people come from non-intact families and about a fifth have mothers and fathers with less than a high school education. However, there is much variation in the socioeconomic level of the families of Teen Outreach students, since almost 30 percent of their mothers have at least some college education. It is important to note in Table 3 that in 1988-89 students in Teen Outreach were significantly more likely than their comparisons to be female, a difference which will be controlled in the analyses reported below.

TABLE 3:
DEMOGRAPHIC CHARACTERISTICS OF TEEN OUTREACH AND COMPARISON STUDENTS: 1988-89

Characteristics	Teen Outreach Students N=495	%=100	Comparison Students N=490	%=100
Sex				
Male	116	23.6	159	32.5
Female	375	76.4	330	67.5**
Age				
11-13	52	10.6	61	12.5
14	144	29.5	142	29.0
15	143	29.2	131	26.8
16	80	16.4	82	16.8
17	52	10.6	47	9.6
18-21	18	3.7	26	5.3
Average		14.9		14.9
Grade				
5-7	32	6.5	46	9.4
8	70	14.3	53	10.9
9	169	34.3	182	37.5
10	105	21.4	100	20.5
11	73	14.9	60	12.3
12	42	8.6	46	9.4
Average		9.5		9.4
Sibs				
0-1	163	33.2	145	29.7
2-4	229	46.6	245	50.2
5 or more	99	20.2	98	20.1
Average		2.8		2.9
Race				
Black	197	40.1	191	39.1
White	199	40.6	209	42.7
Hispanic	66	13.4	62	12.7
Asian	3	0.6	6	1.2
Native American	23	4.7	17	3.5
Other	3	0.6	4	0.8
Lived with				
Mother and father	288	58.8	281	57.6
Mother only	171	34.8	161	33.0
Father only	9	1.8	9	1.8
Guardian	10	2.0	13	2.7
Other arrangement	13	2.6	24	4.9

**Difference between the Teen Outreach and comparison students is statistically significant at p<.01

TABLE 3 (Con't):

Characteristics	Teen Outreach Students N=495	%=100	Comparison Students N=490	%=100
Mother's Education				
Less than high school	99	20.3	85	17.5
High school graduate	181	37.0	173	35.6
Some college	89	18.2	89	18.3
College graduate plus	52	10.6	74	15.2
Don't know	68	13.9	65	13.4
Father's Education				
Less than high school	83	16.9	75	15.4
High school graduate	147	30.0	140	28.8
Some college	64	13.1	64	13.1
College graduate plus	63	12.9	93	19.1
Don't know	133	27.1	115	23.6

Note: The totals vary somewhat from 495 (Teen Outreach students) and 490 (comparison students) due to selected missing information on each variable.

RISK FACTORS AT PROGRAM ENTRY

Table 4 shows the baseline or program entry measures of program outcomes. It is important to examine these factors as they appeared when the Teen Outreach and comparison students entered the program year in order to a) describe the kind of population being served by Teen Outreach, and 2) to insure that these are indeed, two well-matched groups of students. In the year before entry into the program, over 4 percent of the Teen Outreach students had already been pregnant at least once. Over 17 percent of them had been suspended and 5 percent of them reported having been arrested. Almost 40 percent reported failing courses in the year before the program began and over 30 percent had skipped school.

Over a third had used alcohol or marijuana during the past month and over a fifth had had intercourse during that month. Only 41 percent of those having had intercourse had used any form of contraception.

On the positive side, almost 60 percent said they had gotten some kind of an award. Slightly over a fourth were on the honor roll in the previous year. Virtually all the students asserted at the beginning of the school year that they intended to complete both high school and college, an overstatement of likely achievement that is common among surveys of this kind.

TABLE 4:
RISK INDICATORS FOR TEEN OUTREACH AND COMPARISON STUDENTS AT INTAKE: 1988-89

	Teen Outreach Students N=495	%=100	Comparison Students N=490	%=100
Negative Behaviors				
Ever-				
been pregnant	22	4.5	38	7.8*
Last year ever-				
get suspended	85	17.3	86	17.6
get arrested	25	5.1	27	5.5
fail courses	190	38.8	190	39.2
skip school	151	30.9	141	29.1
Last month ever-				
used alcohol/marijuana	129	33.7	121	31.7
had intercourse	81	21.2	84	22.4
used contraception	33	40.7	47	55.9
Positive Behaviors				
Last year ever-				
get awards	283	57.9	251	51.3*
get on the honor roll	126	25.7	149	30.5
Educational Aspirations				
Complete High School				
likely	480	98.0	474	97.7
unlikely	10	2.0	11	2.3
Complete College				
likely	397	81.0	387	79.6
unlikely	93	19.0	99	20.4

*The difference between Teen Outreach and comparison students is statistically significant at $p<.05$

For purposes of comparison, it is important to note in Table 4 that Teen Outreach students were significantly less likely than their comparisons to have been pregnant before they began Teen Outreach. Teen Outreach students were more likely to have gotten awards prior to the start of the program year.

THE OUTCOMES OF TEEN OUTREACH

Table 5 shows end-of-the-year data for Teen Outreach students and their comparisons on each of the program outcomes. These data do NOT take into account any of the differences between Teen Outreach students and comparisons that have been mentioned above. Nevertheless, these data indicate that Teen Outreach students had lower rates on all of the negative behaviors shown in Table 5 than did the comparison students at the end of the school year. The rates of pregnancy, suspension, arrest, course failure and of sexual intercourse were significantly lower among Teen Outreach students. In addition, the Teen Outreach students had significantly lower rates of school leaving. Teen Outreach students were also less likely to use alcohol or marijuana than were comparison students in the month prior to the end of the program year, although this difference was not statistically significant.

The Teen Outreach students also show an advantage on the other behaviors in Table 5. They were more likely to have gotten awards, although some of these may have been given in Teen Outreach itself. In addition, more Teen Outreach students than comparisons thought they would finish high school and college.

TABLE 5:
OUTCOMES FOR TEEN OUTREACH AND COMPARISON STUDENTS
AT PROGRAM EXIT: 1988-89

	Teen Outreach Students N=495	%=100	Comparison Students N=490	%=100
Negative Behaviors				
During this school year-				
get pregnant	16	3.2	34	7.0**
get suspended	63	12.8	104	21.3***
get arrested	12	2.5	30	6.5**
fail courses	169	34.4	200	41.4*
skip school	129	27.2	152	32.4
Last month ever-				
used alcohol/marijuana	122	33.4	142	39.3
had intercourse	76	20.8	103	28.6*
protected by contraception	47	61.8	58	56.3
Positive Behaviors				
During this school year-				
get awards	274	57.6	181	39.4***
get on the honor roll	127	26.7	106	22.5
Educational Aspirations				
Complete High School				
likely	468	98.1	428	93.2
unlikely	9	1.9	31	6.8***
Complete College				
likely	383	80.8	331	72.4
unlikely	91	19.2	126	27.6**
Continuing in school or graduated				
Yes	486	98.6	460	95.6
No	7	1.4	21	4.4**

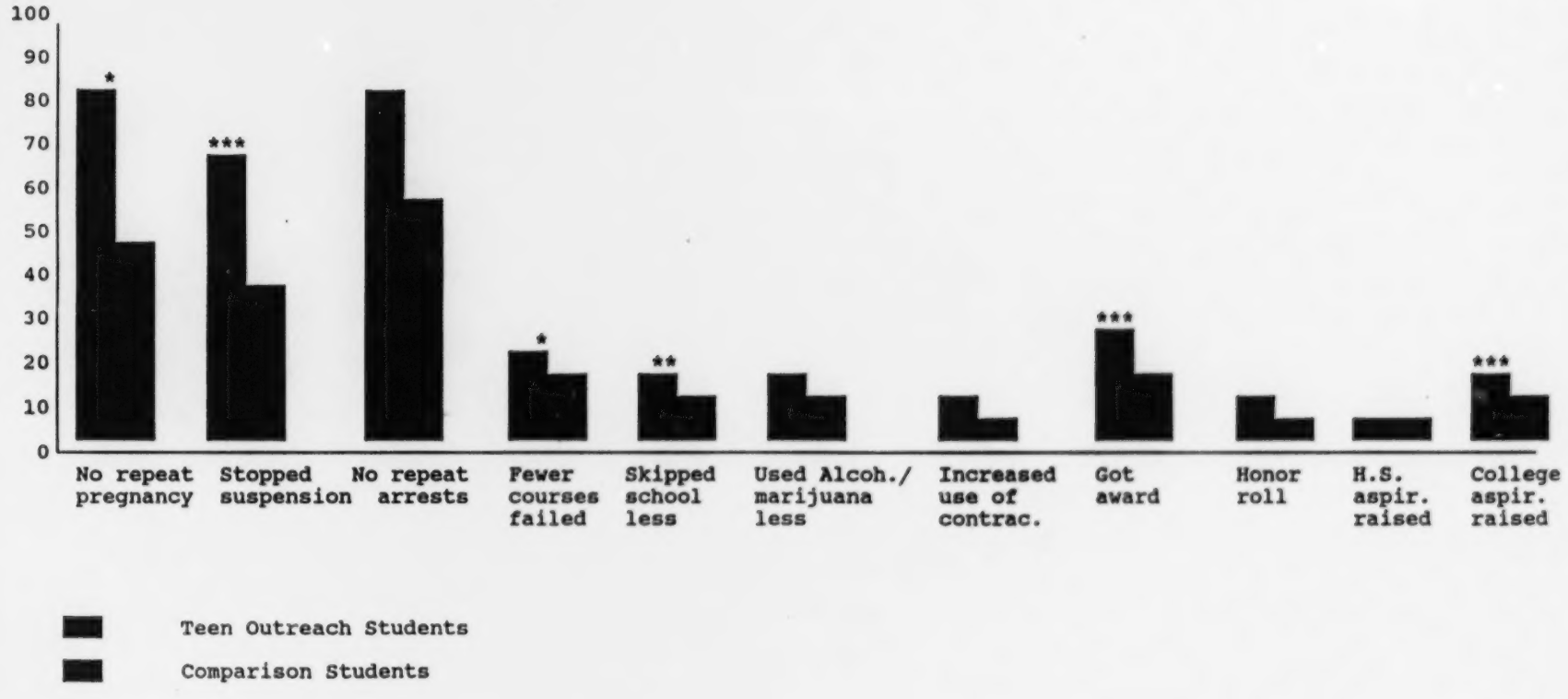
*Difference between Teen Outreach and comparison students is statistically significant at $p<.05$
**Difference between Teen Outreach and comparison students is statistically significant at $p<.01$
***Difference between Teen Outreach and comparison students is statistically significant at $p<.001$

While these outcomes suggest that Teen Outreach does indeed, have a variety of beneficial impacts for the young people enrolled in the program, it is important to examine these differences still further to be sure that Teen Outreach per se is the likely cause of these advantages.

Figure 1 begins this task by showing data on 11 potential measures of change among Teen Outreach and comparison students. The Figure shows the percentage of students in each group who had been pregnant, who were failing courses, were suspended, who were skipping school, were arrested, or who were using alcohol or marijuana before the program, but who stopped or lessened these negative behaviors during the program year. The Figure also shows what percentage of Teen Outreach and comparison students had not received awards or were not on the honor roll in the year before the program, but who achieved these goals during the program year. By examining outcomes in this way, any differences between the Teen Outreach and comparison students in the baseline levels of these behaviors before the program began are controlled or held constant.

For each of the indicators in Figure 1, Teen Outreach students are advantaged. These differences were statistically significant for fewer repeat pregnancies, stopping school suspension, failing fewer courses, and skipping school less often. Teen Outreach students were also significantly more likely than comparison students to begin to get awards this year and to have their aspirations to complete college raised.

FIGURE 1:
CHANGE IN SELECTED BEHAVIORS DURING THE PROGRAM YEAR
AMONG TEEN OUTREACH AND COMPARISON STUDENTS



Yet another test of whether these differences between Teen Outreach and comparison students are truly due to the program itself can be provided by controlling for other possible background differences which could be related to program outcomes. In other words, it is important to know what the net impact of participation in Teen Outreach is, after controlling for background characteristics and baseline levels of outcomes.

Figure 2 shows which of the program outcomes are still significantly related to participating in Teen Outreach, NET of the impact of both of these kinds of variables. Of all the outcomes examined here, only using alcohol or marijuana less frequently and raising aspirations to finish high school are not significantly related to participating in Teen Outreach, net of the impact of family intactness, mother's education, grade in school, gender, and prior levels of the same behavior.

However, net of these background characteristics and prior levels of these behaviors, participation in Teen Outreach is negatively related to pregnancy, suspension, getting arrested, failing courses, and skipping school. Being in Teen Outreach is positively related to using contraception when a student is sexually active, to getting awards and to getting on the honor roll, to raising college aspirations, and to staying in school. This suggests that the impacts of Teen Outreach are robust and that they cannot be explained away by other variables like background characteristics or prior levels of these behaviors.

FIGURE 2:
A SUMMARY OF THE IMPACTS OF BACKGROUND CHARACTERISTICS, PRIOR LEVELS OF BEHAVIOR AND PARTICIPATION IN TEEN OUTREACH ON PROGRAM OUTCOMES

	Is this outcome significantly related to--					
Outcomes	Same behavior last year	Family Intact	Mother's Education	Grade Level	Gender	Being in Teen Outreach
Getting pregnant or causing pregnancy	***	--	--	***	--	**
Getting suspended	***	*	--	--	***	**
Getting arrested	***	--	--	*	--	**
Failing courses	***	--	--	--	--	*
Skipping school less	NA	--	--	***	--	*
Using alcohol/ marijuana less	NA	--	--	*	--	--
Improving use of contraception	NA	--	--	**	**	*
Getting awards	***	*	--	*	--	***
Getting on honor roll	***	*	--	--	*	*
Staying in school	***	**	--	--	--	*
Raising aspirations to --finish high school	NA	--	--	--	--	--
--finish college	NA	--	--	*	--	***

Note: * = the relationship is statistically significant at $p < .05$
** = the relationship is statistically significant at $p < .01$
*** = the relationship is statistically significant at $p < .001$
These data were produced with the use of logistic regression equations.
NA = this variable was not included in the equation since the dependent variable was itself a change indicator.

THE DATA FROM THE RANDOM ASSIGNMENT SITES

While these data are impressive, they remain vulnerable to the criticism that there are yet unmeasured differences between the Teen Outreach and comparison students that may be causing the Teen Outreach students to appear advantaged. For example, perhaps the Teen Outreach students were more motivated to join a program like this, and it is this additional motivation, rather than the program itself, that causes their outcomes to be better.

In order to test whether this might be the case, it is necessary to locate a pool of students, all of whom try to get into the program, and then randomly assign them to either Teen Outreach or a control group. During the 1988-89 program year, this procedure was used at 5 Teen Outreach sites where facilitators had a larger pool of students who wanted to join Teen Outreach then could be enrolled. These sites and the number of students they enrolled in Teen Outreach and a control group, are shown in Table 6.

TABLE 6: **THE TEEN OUTREACH RANDOM ASSIGNMENT SITES: 1988-89**

SITE	TEEN OUTREACH STUDENTS (number) 79	COMPARISON STUDENTS (number) 89
FLORIDA		
Orlando-Howard Middle School	12	12
ILLINOIS		
Chicago-LakeView HS (Rembert)	18	19
Chicago-Orr Community Academy (Savoy)	16	19
Chicago-Orr Community Academy (Williams)	16	20
NEBRASKA		
Omaha-South High School	17	19

These randomly assigned Teen Outreach and control group students do not differ from each other in their gender, age, grade, number of siblings, race, intactness of family, or parents' education. They also do not differ on any of the baseline indicators of program outcomes that have been shown above. In other words, the two groups appear to be truly well matched, in spite of their relatively small number.

Table 7 shows the program outcome data for these randomly assigned students. It is important to note here that the smaller size of this randomly assigned sample make the achievement of statistical significance more difficult than it is in the larger group of some 1,000 students. Still, in the random assignment group, the Teen Outreach students had significantly lower rates of suspension, arrest and failing courses than did the comparison students. They were also significantly more likely to get awards during the program year.

All of the other outcomes shown in Table 7 are in the hoped-for direction, with the exception of use of alcohol and marijuana and the use of contraception. Teen Outreach students were slightly more likely to report using alcohol and marijuana in the month prior to the end of the program than were the control students, and a lower percentage of the sexually active Teen Outreach students were protected by contraception in that month.

The small size of this random assignment sample limited the use of multivariate analysis with this group in order to see if the advantage of the Teen Outreach students would persist even when background characteristics and baseline measures were controlled. However, the use of logistic regression did permit analysis of whether the Teen Outreach advantage persisted in

rates of school suspension and course failure, when these controls were introduced. The findings of this work showed that participating in Teen Outreach contributed significantly to lower rates of school suspension and course failure, net of these other variables, even in this small, randomly assigned sample.

Overall, then, these findings from a group of randomly assigned students support the full evaluation for 1988-89 and are consistent with the previous five years of evaluation of this program.

TABLE 7:
OUTCOMES FOR RANDOMLY ASSIGNED TEEN OUTREACH AND COMPARISON STUDENTS AT PROGRAM EXIT: 1988-89

	Teen Outreach Students N= 79	%=100	Comparison Students N= 89	%=100
Negative Behaviors				
During this school year-				
get pregnant	1	1.2	3	3.4
get suspended	11	14.1	30	33.7**
get arrested	1	1.3	4	4.6**
fail courses	31	39.2	47	54.6*
skip school	13	16.4	25	28.0
Last month ever-				
used alcohol/marijuana	15	32.6	14	28.0
had intercourse	7	15.2	11	22.0
protected by contraception	2	28.6	5	45.4
Positive Behaviors				
During this school year-				
get awards	48	60.7	35	39.3**
get on the honor roll	20	25.6	17	19.3
Continuing in school or graduated				
Yes	79	100.0	87	97.6
No	0	0.0	2	2.4

*Difference between Teen Outreach and comparison students is statistically significant at p<.05
**Difference between Teen Outreach and comparison students is statistically significant at p<.01
***Difference between Teen Outreach and comparison students is statistically significant at p<.001

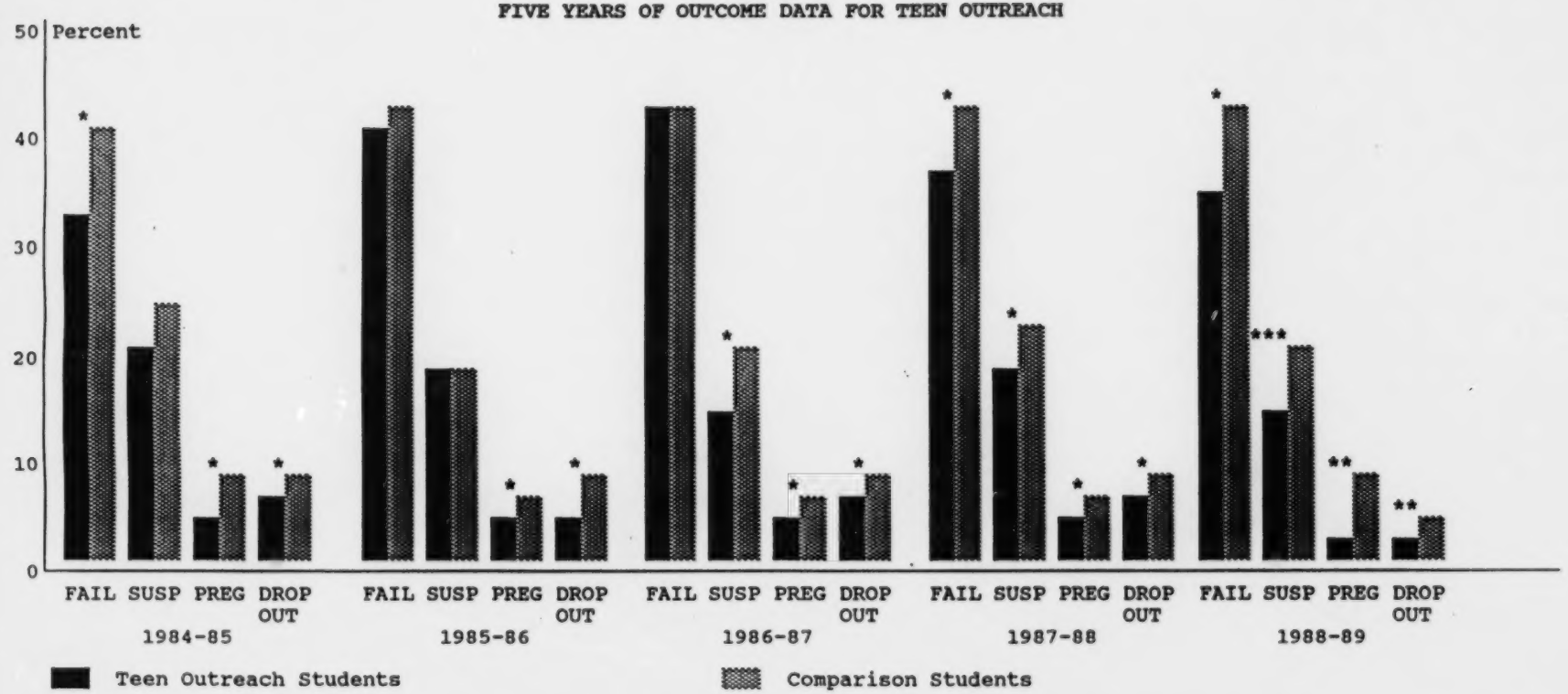
A SUMMARY OF FIVE YEARS OF REPLICATION

This report has presented data on program outcomes in Teen Outreach for 1988-89. However, since 1984-85, the program has utilized the evaluation strategy reported here to measure program outcomes among both Teen Outreach students and locally chosen comparisons. How do these fifth year results compare to those reported in the first four years?

Figure 3 summarizes the impacts of Teen Outreach on the four outcome variables for which we have data in all five years. In all five years, the majority of differences between the program and comparison students are in the desired direction. Also, in each year, some of these differences are statistically significant in the raw data, before any prior risk differences are controlled. Perhaps most importantly, in each of the five years, the Teen Outreach students had significantly lower rates than did comparison students in half or more of these negative behaviors. The school dropout rates and the pregnancy rates have been significantly lower for Teen Outreach students in each of the five years of national replication.

These are results that, to our knowledge, are not replicable by any other program of this kind in the nation. The random assignment results obtained this year add yet additional strength to the conclusion that Teen Outreach is a program that works. During the 1989-90 school year, additional sites are participating in the more rigorous random assignment procedure so that these data too are likely to be strengthened within the next year.

FIGURE 3:
FIVE YEARS OF OUTCOME DATA FOR TEEN OUTREACH



* = Difference between Teen Outreach Students and Comparisons is statistically significant at p<.05
** = Difference between Teen Outreach Students and Comparisons is statistically significant at p<.01
*** = Difference between Teen Outreach Students and Comparisons is statistically significant at p<.001

This report was prepared by Susan Philliber, Ph.D. of Philliber Research Associates and Joseph Allen, Ph.D. of the University of Virginia. Additional information on these data may be obtained from Philliber Research Associates, 145 Lucas Avenue, Accord, NY, 12404, or by calling (914) 658-9120.

Information on the Teen Outreach program may be obtained from Kathy Herre, Association of Junior Leagues International, 660 First Avenue, New York, NY, 10016, or by calling (212) 683-1515.

ACKNOWLEDGEMENTS

Teen Outreach and its evaluation are funded by the Charles Stewart Mott Foundation, the DeWitt Wallace-Reader's Digest Fund, and other Foundations. We are grateful for their support.

The authors wish to thank Kathy Arnold of Philliber Research who has patiently coded, computer-entered, and processed these data throughout the school year. Most importantly, we wish to thank the Teen Outreach facilitators and their Junior League colleagues from throughout the United States and Canada who have gathered the data to make this evaluation possible. We appreciate their time, their attention to detail and deadlines, and their efforts to secure local comparison groups for this analysis. We hope that these data are useful to them as they continue to offer Teen Outreach in their own communities.

Process Evaluation of the Teen Outreach Program:

Characteristics Related to Program Success in

Preventing School Dropout and Teenage Pregnancy

(Data from the 1987-1988 School Year)

This report was prepared by:
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Process Evaluation of the Teen Outreach Program: Characteristics Related to Program Success in Preventing School Dropout and Teenage Pregnancy

Data from the 1987-1988 School Year

Overview

After five consecutive years of documented success in reducing rates of teenage pregnancy, and school failure and dropout, the Teen Outreach Program has recently broadened its evaluation in an effort to identify those program and student factors that may be responsible for this unusual record of success. Our goals from this part of the evaluation are to identify the critical 'active ingredients' of the Teen Outreach Program. We then use this knowledge to decide which components of the program are most important to maintain in future replications and to provide information to other programs working with similar populations. In short, we are moving beyond asking "Does it work?" to consider the more informative questions: "What works?" "With whom?" and, "Under what conditions?"

Our strategy and initial experience in examining these questions is documented more fully in a forthcoming article in the *American Journal of Community Psychology* (Allen, Philliber & Hoggson, in press). Our strategy is to identify student, facilitator and program characteristics that are related to the success of Teen Outreach at a given site. Because Teen Outreach is a national, multi-site program, we are able to examine in detail which sites are most (and least) effective, and to relate these data on effectiveness to the differing characteristics of individual sites. In essence, we are identifying those characteristics which distinguish the most successful from the less successful Teen Outreach sites.

Of course, in doing this, we are careful to statistically account for important differences between sites (such as the number of problems experienced by students prior to entry into the program), and for changes that appear to be occurring not just in Teen Outreach students but in the larger student body at a school.[1]

Prior Findings

In previous analyses, reported in Allen, Philliber & Hoggson (in press), we have

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[1] This is done using a hierarchical regression model in which the total number of student problem behaviors at exit from Teen Outreach are predicted first by the number of problem behaviors at entry into the program, and second, by the change in problematic behavior which occurred from entry to exit in the *comparison* group of students at each site. Only after these effects are accounted for statistically do we consider the effect of other program features.

found that the Teen Outreach Program appeared to be most successful when its volunteer service component was implemented most fully (i.e. when students at a site worked a relatively large number of volunteer hours). In addition, these analyses made clear that the program was demonstrating more success with older (10th grade and above) students as opposed to younger students. Equally important, were findings about factors that did *not* appear related to program success. These factors included: whether the program was offered during vs. after school, for-credit vs. not-for-credit and whether boys vs. girls and students who were vs. were not members of a minority group participated in the program. These findings have helped guide the development of the program, leading, for example, to an increased emphasis upon full implementation of the volunteer service component of the program.

Caveats

Our analytic strategy cannot prove that program features that are related to program success at a site actually *cause* that site's success. It could be that some other (unmeasured) variable causes both the apparent success of the program and the feature examined. However, since we cannot directly learn which aspects of the program caused its success, we are doing the next best thing: learning which aspects of the program are most closely associated with its success at its most successful sites. This information can then be combined with other sources of information about the program to make decisions about its continued replication and development.

A second important caveat, is that our approach can only detect relationships between program success and program features when a feature varies significantly across sites. Because we rely upon comparing different sites to each other, we cannot determine the importance of a feature if it is uniformly used across all sites. For example, if the curriculum were very consistently and fully used at all sites, there would be no way for us to know whether it was related to the success of the program. In short, we can only meaningfully determine how important a program feature is if we can compare sites that share this feature with other sites that do not. Thus, even when a feature is not found to be related to program success, it is still possible that if some sites used much more or much less of that feature, then relationships would be found.

Current Analyses

The results reported below are based upon analyses of data collected at 44 different sites nationally, from September 1987 through June 1988, upon 823 students in Teen Outreach, and 912 carefully matched comparison students. Outcomes for students were determined by assessing the number of problem behaviors experienced by Teen Outreach and comparison students at a given site, both prior to entry into the program, and after participating in it for one year. These problem behaviors include school failure, school dropout, suspension from school and experiencing or causing a pregnancy.

Given the success of our previous efforts to identify program features related to program success, we expanded the current evaluation to address a number of additional questions related to program success, including both student and facilitator ratings of the program. The areas examined include:

- Demographic Factors (Student, Facilitator and School)
- Structural Features of the Program
- Use of the Curriculum
- Student and Facilitator Ratings of the Environment of the Program and Volunteer Experience

Findings in each of these areas are presented in turn below (Figure 1 also provides a summary picture of the overall findings reported).

Demographic Factors

Student demographic characteristics.

Factors examined: Students' age, sex, grade in school, parents' education level, and whether students lived in one- vs. two-parent families.

Findings: The one demographic factor significantly related to the program's success was whether students lived in a one- vs. two-parent family. ***Students who lived with a single parent appeared to benefit more from Teen Outreach than students from two-parent families.***

No other student demographic factor was related to program success. This means that ***Teen Outreach was equally successful with students who varied significantly in terms of their race, socio-economic status, age, and gender.*** This finding does not necessarily mean that none of these factors are at all important. For example, in previous years, students' age appeared to predict success in the program (with older students demonstrating more success). However, it may be that as the program has begun to respond to this finding, and focus somewhat more heavily on recruiting older students, age does not appear to be as much of a factor (because *within the age range examined* (primarily older students) age is not related to program success).

Facilitator demographic characteristics.

Factors examined: Facilitator's age, gender, minority status, number of children, number of adolescents, prior teaching experience, and level of education for their relation to success of a given site's program.

Findings: There were ***slight trends for facilitator's who were more educated, and who had more children themselves, to be in the more successful sites.*** However,

these trends are slight enough, that we cannot be sure that they are not simply due to "chance." No other facilitator characteristics were significantly related to program success.

School demographic characteristics.

Factors examined: Urban vs. Rural nature of school district; percentage of students schoolwide who dropout, are suspended, fail courses, and become pregnant each year; percentage of students schoolwide who go on to college; whether or not school offers a sex education program; percentage of students who have taken a sex education program in the school.

Findings: There was a substantial effect indicating that ***Teen Outreach was more successful in schools in less urban areas.*** No other school-wide demographic characteristics were related to program success.

Structural Features of Teen Outreach Programs

Factors examined: Was Teen Outreach offered during vs. after school; for-credit vs. not-for-credit? How many hours did students spend in the classroom portion of the program; In the volunteer portion of the program? Was volunteering done in groups or alone? What percentage of the volunteer work was done in the school? How much of the volunteer work was spent providing human services?

Findings: ***No structural features were significantly related to program outcomes.*** However, compared to 1986-1987, there was a slight increase in the total number of volunteer hours offered to students; as this component is offered more consistently, we might expect it to be harder to detect effects of amount of volunteer hours worked. (Also, see findings about the *quality* of the volunteer experience below).

Curriculum Use

Factors examined: Facilitator ratings of the degree to which they used each of the 11 components of the curriculum, as well as of how successful they found each of these components. In addition, we carefully examined usage of the parts of the curriculum most closely related to human sexuality (including units on 'human growth and development', 'parenting', and 'issues related to parenting').

Findings: ***No curriculum use or success factor was significantly related to program outcomes.*** This may reflect either a lack of an effect, or the possibility that the curriculum was sufficiently consistently used that the vast majority of programs passed a 'threshold' whereby they used enough of the

curriculum to derive its most important benefits.

Student and Facilitator Ratings of the Volunteer Experience

Factors examined: *Student* ratings of extent to which they: liked the volunteer work, found it interesting, were proud of the work they did, thought it was important to the people for whom they did it, and planned to do more in the future. Because these individual questions were highly correlated (i.e. students tended to either answer them all mainly positively or mainly negatively) they were also combined into a single scale indicating how much students found the volunteer work enjoyable and meaningful.

Facilitator ratings were obtained of the extent to which they believed the volunteer work was interesting to students and was important to recipients of students' service. These items were also combined into a measure of how much facilitators believed students found volunteer work enjoyable and meaningful.

Findings: ***The quality of the volunteer work was very significantly related to the success of the program as this quality was rated by students***, but not as it was rated by facilitators. As Figure 1 illustrates, each of the student factors was significantly, or near significantly related to program outcomes, whereas none of the facilitator ratings were.

This means that how meaningful students found the volunteer work was a very good indicator of program success. It also suggests that facilitators ratings of the volunteer work were not a particularly good way to judge the quality of volunteer work at a site.

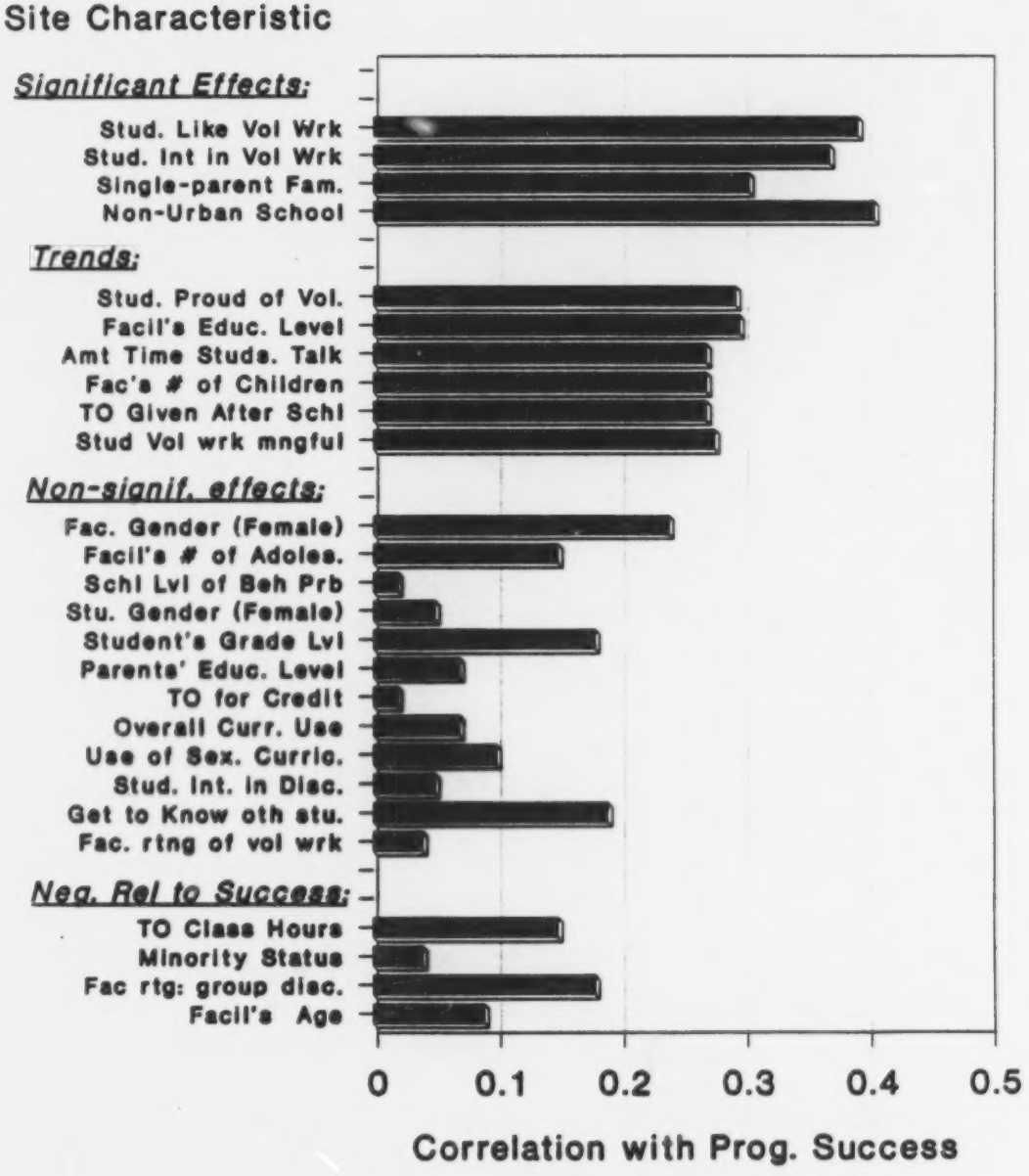
These findings are particularly interesting given the findings described above that the structural aspects of the volunteer work--whether it was done alone or in groups, in vs. out of school, etc.--do not appear relevant to a program's success, while the degree to which it engages student's interest appears highly relevant to a program's success.

Student and Facilitator Ratings of the Group Discussions

Factors examined: Students rated Teen Outreach group discussions in terms of the extent to which: they were comfortable for asking personal questions; they were interesting; they were free of 'put downs'; they allowed students to get to know each other; and, the extent to which discussions centered upon the facilitators doing most of the talking vs. the students doing most of the talking.

Facilitators rated discussions in terms of their opinions about the degree to

Figure 1
Correlates of the Success of the Teen Outreach Program



which students got to know each other and the degree to which they got to know the facilitator.

Findings: The one finding was ***a slight trend for sites in which students rated themselves as doing more of the talking in group discussions to have better outcomes than those in which students did less of the talking.***

Summary and Conclusions

The pattern of results here is relatively consistent with the results of prior analyses, but extends them considerably. Several findings are worthy of special note:

1. The results provide further, strong evidence of the critical importance of the volunteer component of the program to its success. These findings also provide a more complete picture of *how* the volunteer component is related to program success. Specifically, these findings indicate that ***it is the extent to which volunteer service engages students interest, pride and commitment that is most important.*** In contrast, the specific type of volunteer service, where it is performed, and even how much of it is performed (within a narrow range), all seem less important as long as the volunteer work is interesting and meaningful to students.

Unfortunately, our evidence does not suggest that facilitator's are easily able to recognize when they are succeeding in providing optimal volunteer service opportunities to students. This may be an area where further training may be used to help facilitators place their students' volunteer experience in a proper perspective compared to other sites around the nation.

2. We have, for the first time, identified elements of group discussions which appear related to program success. Students' sense that they are doing a majority of the talking in discussions appears related to program success. This suggests that at all costs, facilitators should avoid turning the group discussions into more didactic presentations. This finding is consistent with finding 1. above, in that it suggests that ***when students are most engaged by classroom discussions (just as when they are most engaged by volunteer service), the program is most effective.***

3. Two demographic features were strongly related to program success. These were whether the program was offered in a rural vs. urban area (more rural programs were more successful), and whether a substantial number of students in the program came from single-parent families. Each finding is discussed in turn below.

The finding that programs in more urban areas were less successful than those in less urban areas may in part reflect the difficulty of finding safe, meaningful volunteer work for youths in urban areas. In fact, when area of school was considered simultaneously with the other significant findings, it did not stand out as an independent

predictor of program success. In other words, ***the relation of the urban nature of a site to its lack of success may well be mediated by a number of other factors which are likely to put a program at risk of difficulty, such as having less engaging volunteer work and more didactic group discussions.***

The finding that the program was more successful with students from single-parent families may reflect that these are students for whom additional social interaction with understanding adults and peers, and additional opportunities to establish a sense of efficacy in the world, may be most critical. This finding is consistent with other prior research indicating that those students who are otherwise most "at-risk" may be those who are most sensitive to small positive changes in their environments. The Teen Outreach Program may provide just such an enhancement to the environment of youths from single-parent families.

This finding does not appear to require any particular intervention in terms of future program implementations, although it should be recognized that ***the program may be most effective for students from single-parent families (and perhaps for other students who are at some risk due to factors beyond their control.)***

4. Overall, the significant findings reported account rather well for which sites are most successful. When combined using appropriate statistical techniques[2], these individual program and student characteristics explain up to one-half of the variation in which sites were most successful with their students.

5. A final, critically important point is that the *non*-findings in this study also provide quite valuable information which can be used to guide future program development. For example, in confirmation of prior findings, we can now be fairly certain that Teen Outreach remains equally effective with both boys and girls and with minority and non-minority students from various socio-economic groups. In addition, we know that the program can be effectively led by a variety of facilitators with different characteristics (although more educated, facilitators and those with child-rearing experience may be most effective). Also, our evidence suggests that variation in how facilitators use the curriculum (within the range currently present in the sample) does not appear related to program outcomes. Nor do a wide range of structural factors about the program.

In brief, these results suggest that as we continue to replicate and disseminate the Teen Outreach Program, ***our greatest efforts should be geared not towards maintaining the program's external, structural features, but toward making the classroom and volunteer experience as meaningful and engaging to students as possible.*** These analyses suggest that facilitators may have considerable latitude in adapting parts of the program to achieve these goals, as long as they do, in fact, achieve them.

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[2] Simultaneous multiple regression.

References

Allen, J. P., Philliber, S., & Hoggson, N. (in press). School-based prevention of teenage pregnancy and school dropout: Process evaluation of the national replication of the Teen Outreach Program. American Journal of Community Psychology.

TEEN OUTREACH NEWS
april 1990 V1N2

MENTORING IN

CHARLOTTE

In Charlotte, N.C., the Junior League enhances its Teen Outreach program with a special component. At the four middle schools in the Charlotte-Mecklenburg School District where Teen Outreach is held, TOP students are paired with an adult partner who spends time with them on a regular basis. Their activities can vary from meeting for lunch to going to volunteer sites together.

"In our community," said Cindy Johnston of the Junior League of Charlotte, who chairs Teen Outreach with Lynn Kennelly, "if you take a typical group of twenty-four students, six of them will drop out of school. If half of them are female, three of them are likely to become pregnant. Because individual students may be confronted with a variety of different problems, a program designed to keep our young people in school needs to be highly personalized."

The mentors augment what is already in place in the Teen Outreach facilitator/student relationships and the interaction with adults at volunteer sites: the personal attention, constructive and positive feedback, and caring which are critical to sustaining student progress and enhancing self-esteem. Mentors can share valuable insights and experiences with their students. Moreover, understanding from an adult partner can model the way teens interact with people and deal with different personal situations.

Teen Outreach is one of several student enrichment programs run under the aegis of the Charlotte chapter of Cities in Schools, a national program dedicated to preventing school dropout and promoting student achievement. Cities in Schools surrounds each student at-risk for leaving school early with a multi-disciplinary support network. At each CIS school site, this team consists of a drop-out prevention counselor, a social worker, a site coordinator, mental health counselors, and county nurses.

The Junior League of Charlotte recruits Teen Outreach mentors from the business community in the Charlotte area. Participating companies include Southern Bell, First Union National Bank, North Carolina National Bank, Interstate/Johnson Lane, BarclaysAmericanCorporation, BellSouth, and the legal firm of Kennedy, Covington, Lobdell & Hickman. Individuals interested in mentoring can contact Junior League liaisons and trainers. Prospective mentors undergo eight hours of training in communication skills, goal setting, problem solving, and adolescent development. Mentors are encouraged to create relationships which foster independence and mutuality and to communicate feelings and beliefs in

a non-judgmental and caring way. After indicating their interests on questionnaires, compatible mentors and students are matched. Junior League Mentor Leaders and Cities in Schools staff provide support for the mentors. In addition to planning weekly activities, mentors communicate regularly with others who are involved with their students, such as family, teachers, counselors, and social workers.

Cynthia Marshall, Director of Cities in Schools in Charlotte, reports that "Most Cities in Schools students receive one-to-one attention through tutors and, in the case of Teen Outreach students, mentors. Last year, we found that 95 percent of our students were promoted to the next grade. If you look at Teen Outreach students alone, that figure becomes 100 percent. Without this component, only 75 percent of Cities in Schools students would be promoted."

Evaluations of the program submitted recently by mentors show not only that the mentoring experiences have thus far been positive, but that mentors benefit as well. Mentors reported personal growth through acting as role models, an enhanced understanding of young people and the challenges they face, and personal satisfaction gained from helping a teen to overcome obstacles and become a confident, self-empowered individual.

* * *

CHARLESTON

JUNIOR LEAGUE RECEIVES STATE AWARD

The creativity which Charleston, S.C. has built into its Teen Outreach program has not gone unnoticed. In January, the South Carolina State Board of Education awarded the Junior League of Charleston a plaque in recognition of the contribution Teen Outreach has made to the local school system.

In Charleston, where Teen Outreach is held in four high schools, the program is enhanced by special events which are not only fun but further TOP's goals of improving student self-esteem and communication skills and building rapport with the community.

On "Spring Splash" day, which is coordinated by the Junior League, Teen Outreach students team up for competitive games such as relays, paddleboat races, and three-legged races. In addition, community agencies which reach out to teens, like HOTLINE, Florence Crittenton Home, and military recruiters, set up exhibit booths. Students who visit the booths are given raffle tickets for prizes which, along with trophies and ribbons, are awarded at the end of the day. This exchange provides incentive for youth to establish contact with their community and to learn about local resources. According to Sandra Anderson, who chairs Teen Outreach with Wendy Brzezinski at the Junior League of Charleston, "Teamwork, cooperation, good sportsmanship, and knowledge of community resources are a few of the benefits the students receive from Spring Splash."

Another special event scheduled for Charleston Teen Outreach students is a two day experience called ROPES. ROPES, held in James Island County Park, is an outdoor challenge course with structures of wood, cable, and rope. Activities, beginning at ground level and building to levels as high as 50 feet off the ground, are structured for youth and adults.

The ROPES Program is designed to build self-confidence, leadership and teamwork skills. The students

begin with trust-building activities. They continue with group problem solving events interspersed with individual challenges, such as walking a cable three and a half feet above the ground. The ROPES Course provides students with exercises in risk-taking, decision-making, and developing peer relationships. "After the ROPES course," said Sandra Anderson, "teachers reported improved student interaction with teachers and other students." (For more information on ROPES, see RESOURCES.)

In addition to the regular volunteer placements, Charleston Teen Outreach students also contribute to their community as a team. For example, after Hurricane Hugo, which devastated Charleston and disrupted the opening of school last autumn, Teen Outreach students worked together to rebuild the ROPES course, which had been completely destroyed, and to sort donated clothes at the Salvation Army Warehouse.

We salute the award-winning efforts of the Junior League of Charleston, Charleston Public Schools, and the Teen Outreach students.

* * *

NEWS FROM

TEEN OUTREACH STAFF

February and March have been exciting months for the Teen Outreach Program at AJLI. We have had many opportunities to talk about Teen Outreach beginning with a telephone interview in February with the **Milwaukee Sentinel** to be published in April. The **Children's Defense Fund** invited us to speak at their annual conference in Washington, D.C. in March, and approximately 150 people attended the session. The audience response was enthusiastic, and we distributed almost 100 information packets. As a result, we have been invited to present Teen Outreach at a statewide conference in Virginia in May. In April, we will present the Teen Outreach Program and chair a panel at a conference at **Wellesley College in Boston.** In addition, we represented AJLI at the **National Association of School Health Educators Coalition** in New Orleans in March.

* * *

CONFERENCES

* This year's Teen Outreach National Training Conference, **Different Ways of Learning**, will allow members of the Teen Outreach network to sharpen their technical and programmatic knowledge, explore different learning styles, and share information. We will offer workshop tracks designed for the needs of new, ongoing, and prospective Teen Outreach sponsors and facilitators.

Registration forms are available from the AJLI office at 212-683-1515. The registration fee is $190. Registration forms for the conference must be postmarked by **May 1**. The fee for registrations postmarked after this date is $228.

See you in June!

The **First National Conference of Teen Parenting and Child Care Programs** will be held April 18 - 20, 1990 at the Sheraton Needham Hotel in Needham, MA. Kathy Herre will make a presentation on Teen

Outreach on Thursday afternoon, April 19. Registration forms are available from:

Wellesley College Center for
Research on Women
Wellesley, MA 02181
(617) 235-0320 ext. 2500
(617) 431-1453

The **North Carolina Coalition on Adolescent Pregnancy Annual Meeting and Statewide Conference** will be held May 10 - 11, 1990 at the Airport Hilton in Greensboro, North Carolina.

Contact:
North Carolina Coalition on
Adolescent Pregnancy
1300 Baxter Street
Suite 171
Charlotte, NC 28204
(704) 335-1313

R E S O U R C E S

This year's **National Alcohol and Other Drug-Related Birth Defects Awareness Week**, sponsored by the National Council on Alcoholism and Drug Dependence and the Federal Office for Substance Abuse Prevention, U.S. Department of Health and Human Services, will be May 13-19. The kit for this year's Awareness Week contains a wealth of information about how alcohol and drugs affect women and pregnancy.

Contact:
National Council on Alcoholism &
Drug Dependence
1511 K Street, N.W.
Suite 926
Washington, D.C. 20005
(202) 832-3811

For more information on the ROPES program (pp.4-5), contact, in the Carolinas, Georgia, and Virginia, Scott Hager, 803-762-2173; in Massachusetts, 508-468-7981; and in other areas, Cindy Simpson, 404-659-3931.

* * *

We'd like you to reflect on your accomplishments during **National Volunteer Week**, April 22-28, 1990. We congratulate all the Junior League and Teen Outreach student volunteers, and we will be celebrating your achievements throughout the week.

Teen Outreach Program
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660 First Avenue
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TEEN OUTREACH

TEEN OUTREACH: AN OVERVIEW

The Teen Outreach Program is a primary prevention program that attempts to focus on the root causes of the many problems facing youth-school failure, truancy, drug and alcohol abuse, and pregnancy. There are many different varieties of Teen Outreach as people have tailored it to fit the needs of their communities, but there are certain components of Teen Outreach that exist at all sites: the group experience, the facilitator/student relationship, the volunteer experience, the evaluation, and the sponsor.

Teen Outreach was designed to decrease the rate of adolescent pregnancy and to increase the number of at-risk teens who graduate from high school. The Teen Outreach Program began in 1978 as a collaboration between the Junior League of St. Louis, the Danforth Foundation and the St. Louis Public Schools. Since 1987 The Association of Junior Leagues has been responsible for the national replication, AJLI is an organization of women committed to promoting voluntarism and to improving their communities. The 277 Junior Leagues throughout the U.S., Canada, Mexico, and Great Britain have a collective membership of 188,000 women. The Teen Outreach Program is funded by the Charles Stewart Mott Foundation, the Lila Wallace-Reader's Digest Fund, and other foundations. Currently, we have 108 classroom sites in 39 cities.

The average Teen Outreach group consists of 15 to 20 males and females. At some sites, Teen Outreach is part of the daily school curriculum, while at other sites, it occurs after school. Some school systems grant credit for participating in Teen Outreach while others do not. At all sites, individuals become part of a group and learn to discuss their feelings in a group. The group establishes rules that members follow, members learn from the group, solve problems in the group and are held accountable by the group.

The Teen Outreach Curriculum covers many topics and is in fact different from a textbook. There are no tests in Teen Outreach. There is no material to memorize. Students can't fail Teen Outreach. The focus of the curriculum is to present topics and exercises that the facilitator can use to generate further thoughts and discussions in the group. It is a starting point and we expect facilitators to add their own ideas and exercises, especially those related to legal issues and current events.

The facilitator's most important role is to be open and create an atmosphere where adolescents can explore ideas and feelings in the safety of a secure environment. A good facilitator will reflect

A project of
The Association of Junior Leagues in collaboration with The American Association of School Administrators

Association of Junior Leagues, Inc
660 First Avenue
New York, New York 10016
212-683-1515

Funders
Charles Stewart Mott Foundation
Lila Wallace-Reader's Digest Foundation

ideas back and present options when students get stuck. They will allow students to make mistakes and learn from the experience. The facilitator establishes a relationship, creates a supportive atmosphere, and helps students to deal with conflict. The facilitator serves as a positive adult role model and as a result, students usually begin to relate better to other adults in the school and community.

The volunteer experience reinforces for at-risk students that they indeed can be a productive part of their community and that they have something worth giving to others. We believe that these are powerful thoughts in helping adolescents to change their behavior. Teen Outreach Students have energies and ideas that can improve other people's lives, and the volunteer experience reinforces this belief with our students. They will know we believe they have something to give, because we send them out to the community to volunteer. The volunteer experience can vary depending on the site, but all of the Teen Outreach students volunteer.

In the "Process Evaluation -Data from the 1987-88 School Year" we learned that the volunteer experience and the classroom discussions are the most important aspects of the programs and that the student's participation in selecting the volunteer placements and in the classroom discussions are positively related to the success of the program. Let's take a closer look at what happens in the Teen Outreach Program. We take at-risk adolescents and put them in a trusting group with an adult who gives them constructive feedback and allows them to discuss their feelings. They learn to work together as a group to discuss difficult problems, and they learn how to find resolutions to these problems. In their communities, they develop other supportive relationships with adults while volunteering. They get positive responses and begin to feel more positive about themselves. They are now seen as helpers in the community rather than problems in their communities. These experiences are in fact changing their self-images. At the same time, they can begin to explore what they like to do and begin to think about possible career opportunities. They now can see the possibility of becoming a productive part of the community.

We are confident about Teen Outreach's success, because the success has been documented on an annual basis by Philliber Research Associates. In the four years ending in 1988, Teen Outreach students had on average an 8 percent lower rate of course failure, 16 percent lower rate of school suspension, 36 percent lower rate of school drop out, and a 42 percent lower rate of pregnancy. The evaluation has included all the Teen Outreach sites and has established a control group of students at each of the sites. An article written by Teen Outreach evaluators Dr. Joseph P. Allen and Dr. Susan Philliber, "School-based Prevention of Teenage Pregnancy and School Drop-out: Process Evaluation of the National

Replication of the Teen Outreach Program," was accepted for publication by the American Journal of Community Psychology and will be published later this year. Another study by the National Research Council, "Risking The Future: Adolescent Sexuality, Pregnancy, and Childbearing," listed Teen Outreach as one among only three programs able to document impact on reducing teen pregnancy.

To begin a Teen Outreach Program locally, you need to determine the extent of school drop out rates and the teen pregnancy problem in your community. All Teen Outreach programs have a sponsor, which can be a Junior League or another agency. The sponsor is responsible for three things: 1) securing funding for the program; 2) arranging for and monitoring the volunteer experiences; and 3) collaborating with the school system.

In summary, the various components of Teen Outreach include: the group experience, the facilitator/student relationship, the volunteer component, the evaluation, and the sponsor's role. Five years of national data prove the Teen Outreach Program's effectiveness in reducing course failure, school suspensions, the rate of high school dropouts and teenage pregnancies. Given the national statistics documenting the teenage pregnancy problem, a tested strategy is needed. Please join AJLI in promoting Teen Outreach in your local communities.

FACT SHEET

The Association of Junior Leagues International, Inc.

The Association of Junior Leagues International, Inc. (AJLI), headquartered in New York City, is the international advisory and consulting organization for the 277 Leagues that are united in a common purpose:

> The Association of Junior Leagues International, Inc., is an international organization of women committed to promoting voluntarism and to improving the community through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

MEMBERSHIP

The 277 Junior Leagues throughout the United States, Canada, Mexico, and Great Britain have a collective membership of more than 181,000 women. Active members are women between the ages of 18 and 45. The Junior League reaches out to women of all races, religions, and national origins who demonstrate an interest in and commitment to voluntarism. In 1988, more than 13,500 women were admitted for training as members; of this group, 64.7% are employed for pay.

STRUCTURE

A 25-member Board of Directors is responsible for overseeing the affairs of AJLI. The Board sets policy and works with AJLI's professional staff to implement the plans and policies established by it and the Leagues. Besides its international headquarters in New York City, AJLI has area offices with staffs in Atlanta, Chicago, Dallas, New York, San Francisco, and Washington, D.C. Six Area Councils provide services to the Leagues in their respective regions.

ASSOCIATION PROGRAMS

Teen Outreach (TOP) Designed to decrease the rate of adolescent pregnancy and to increase the number of at-risk teens who graduate from high school, the Teen Outreach Program began in 1978 as a collaboration between the Danforth Foundation and the St. Louis Public Schools. The Junior League of St. Louis assumed a major role in promoting and funding TOP in 1981. Currently the national replication project, a collaboration between the Association and the American Association of School Administrators, is funded by the Charles Stewart Mott Foundation, the Lila Wallace-Reader's Digest Fund, and other foundations.

Project LEAD AJLI's international youth program seeks to develop the leadership potential of a broad mix of high school students by training them to work in teams with adult mentors (JL and other community members) on volunteer projects that serve their communities. Since its inception in 1982, LEAD has trained more than 2,000 student leaders and has involved more than 25,000 youth volunteers in the program. The project is sponsored in collaboration with Quest International and has been funded by the W.K. Kellogg Foundation.

Managing Organizational Change (MOC) A comprehensive training program, MOC is designed to help Junior League and other community leaders develop the necessary skills to implement planned changes in their organizations and to adapt to unexpected changes. Program participants learn the dynamics of

(more)

the change process--from determining if their organizations are ready for change, to selecting strategies necessary to bring about changes.

Middle School Improvement Program A collaboration funded by the Edna McConnell Clark Foundation as a part of its Program for Disadvantaged Youth, this new program is a two-year effort of the Association. AJLI will work with approximately 20-25 targeted Leagues to help them create community coalitions in their cities that will assess education for disadvantaged young urban adolescents, develop action agendas, and serve as advocates for systemic change.

Resource Development System (RDS) AJLI is collaborating with Peat Marwick Main & Company to introduce this innovative planning system that enables an organization to make a structured self-analysis. The RDS package contains a self-administered, five-volume series of manuals on Constituency Development, Communications, Marketing, Revenue Generation, and a Leader's Guide.

Volunteer Skills Portfolio (VSP) Now in its second printing, this 32-page career management guide helps individuals translate volunteer skills into salaried employment. Besides an extensive bibliography and step-by-step advice on resume writing, networking, and interviewing, VSP provides a system to help document paid and nonpaid work experience.

Woman to Woman The awareness campaigns of this national and community-based program on the gender-specific dangers of alcohol to women include distribution of print brochures, public service announcements, and interviews on radio and TV. Currently, Junior Leagues are responding to the results of their community surveys by developing special programs for women with alcohol problems, such as halfway houses and child care programs connected to treatment facilities. A workshop model for college women will be presented by several Leagues this year. From the project's inception, funding has been received from a succession of corporate sponsors, including Allstate Insurance, Blue Cross and Blue Shield, and Metropolitan Life.

PUBLIC POLICY

AJLI takes action on issues which fall under position statements adopted by the delegates to Annual Conference. Currently, there are position statements on voluntarism, children, women, domestic violence, and aging. To facilitate communication among League advocates and key legislators, AJLI publishes a periodic Legislative Network on each of the position statement topics. Occasionally, AJLI also convenes issues forums on specific issues, e.g., parental leave, homeless families, and publishes the proceedings which include an action agenda.

JUNIOR LEAGUE ACTIVITIES

In 1987-88, Junior Leagues sponsored more than 2,000 projects dealing with such community concerns as substance abuse, child abuse and neglect, education, cultural enrichment, health, family services, the arts, criminal justice, historic preservation, urban revitalization, and recreation. Programs also addressed the needs of specific groups--children, older adults, women, the handicapped. More than 8 million hours were volunteered by Provisional and Active members, with Sustainers adding considerably to the total.

In the 1987-88 Public Affairs Summaries, Leagues and SPACs reported involvement in over 500 public policy activities. Through testimony, position papers, reports, public statements, letters to public officials, and public meetings, the Leagues expressed their concerns on criminal justice, the environment, women's issues, children's rights, and cultural needs.

AJLI AND LEAGUE FUNDRAISING

AJLI seeks grants and sponsors other revenue-producing efforts to meet the cost of its programs and activities. Leagues apply for grants and initiate fundraisers to support their activities. During 1987-88, the Leagues netted more than $19 million for community projects.

2/90

TEEN OUTREACH MATERIALS

1. **The Teen Outreach Program: A Guide and Curriculum for Facilitators**
   A facilitator's guide for the discussion group segment of TOP.
   Junior Leagues $40.00 Outside Agencies $50.00

2. **Teen Outreach: How to Participate in the National Evaluation**
   A guide for implementing the required evaluation at individual TOP sites.
   Junior Leagues $6.00 Outside Agencies $6.00

3. **Teen Outreach: How-To Manual**
   Concrete suggestions for planning and implementing a Teen Outreach program.
   Junior Leagues $10.00 Outside Agencies $10.00

If you are interested in ordering any Teen Outreach materials, please send a check payable to the **Association of Junior Leagues International**. All prices include shipping and handling.

Please send me the following:

___ Teen Outreach Curriculum(s)

___ Teen Outreach Evaluation Manual(s)

___ Teen Outreach How-To Manual(s)

Amount enclosed: $_____
(We regret that we are unable to accept purchase orders without payment.)

Name _____

Agency _____

Address _____

_____

Phone #_____

Return this form with your check to:

Teen Outreach Program
Association of Junior Leagues International
660 First Avenue
New York, NY 10016

Teenage Pregnancy

DEVELOPING LIFE OPTIONS

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"One of the best contraceptives is hope. Hope is a byproduct of high self-esteem that comes from doing well in school, or in a job, or by some other measure of success."

—Marian Wright Edelman, President
Children's Defense Fund

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Teenage Pregnancy

DEVELOPING LIFE OPTIONS

How teenage pregnancy is a national problem.
How much it costs individuals, families, our society.
The impact education can have.
Why teens become pregnant.
What can prevent teen pregnancy.
What types of programs exist to combat the problem.
What families, schools, and communities can do.
Where to go for more information.

A National Problem

Each day in the United States, 488 babies are born to young women under age 18. Consider these facts about the problem of teenage pregnancy in this country:

- More than 1 million teens — 1 in 10 — become pregnant each year. Nearly 30,000 of these are under the age of 15. *[1]
- About half of all teenagers are sexually active before they leave high school.[2]
- A Harris poll found that by age 13, 20 percent of U.S. teenagers have already had their first sexual experience; the *average* age at which teens become sexually active is 16.[3]
- Before leaving high school, one in four girls will experience a pregnancy.[2]
- The pregnancy rate among American teens is twice as high as the rates found in Britain, France, and Canada; three times as high as that in Sweden; and seven times as high as in the Netherlands — even though the rates of sexual activity in these countries are virtually the same as in the United States.[1]
- 80 percent of the pregnancies of unmarried teenagers are unplanned.[1]
- The Children's Defense Fund calls teenage pregnancy "an equal opportunity threat." Of the teens who become pregnant each year, 58 percent are white. Because of the impact of poverty on teenage pregnancy rates, however, black and Hispanic teens have disproportionately higher rates of teen pregnancy. Minority teens account for 27 percent of the adolescent population, but they have about 40 percent of the adolescent births — and 57 percent of the births to unwed teenagers.[5]
- The teenagers *most* likely to become pregnant are also those *least* able to cope with it: teens who are young, who live in urban centers, who are poor, whose parents have limited education, who live with only one parent, and who have poor academic skills.[5]
- Nearly 20 percent of teen mothers under age 18 have not completed ninth grade.[6]
- Half of the teenagers who be-

come parents before they are 18 will not receive a diploma by the time they are in their twenties.[19]

- Although pregnancy rates have declined for 18- and 19-year-olds, they have remained stable for teens under the age of 15.[3]
- Children born to teenage mothers are more likely to become teenage parents themselves.[2]
- Sexually active teens ages 15 to 19 have the highest overall rates of sexually transmitted diseases (STDs). Nearly one-half of all patients treated for sexually transmitted diseases are under age 25. Many public health officials believe that teenagers, because of their experimentation with sex and drugs, may be at increasingly high risk of becoming infected with the AIDS (Acquired Immune Deficiency Syndrome) virus. Of those teens who do use contraception, only 22 percent use the condom, while 78 percent use methods that offer no protection against the transmission of the AIDS virus or other STDs.[8]
- Nearly one-fourth of the individuals infected with the life-taking AIDS virus are between 20 and 30 years old. Since AIDS has an average incubation period of from 5 to 7 years, many of these young adults were probably infected with the virus as teens.[7]
- 40 percent of pregnant teens ages 15 to 19 obtain abortions.[9]
- One study in a major city found that the suicide rate of teen mothers is seven times higher than for other teenagers.[10]
- Marriage does not necessarily offer a solution to the problems of teenage parents. Pregnant teens marry only about 10 percent of the time, and the marriages tend not to last. The divorce rate for parents younger than age 18 is three times greater than for parents who have their first child after age 20.[11]

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* Please refer to page 17 to find sources referenced by numbers after items in this publication.

"You have to help young people learn that they are worth something, that they have other options for making a difference in the world."

Bernice Weissbourd, President
Family Focus, Chicago

Teenage pregnancy has dire consequences for the economic future of the teenage mother, the teenage father, and their children. It has been said that teenage pregnancy has as much significance for the future of our nation as the budget deficit, the trade deficit, interest rates, and unemployment. In sum, the costs to society are staggering.

- Because so many teenage mothers do not finish high school, they face severely limited choices in employment. As a result, teenage mothers are twice as likely as other mothers to become dependent on welfare benefits.[15]
- Today, more than half of all mothers under 30 on welfare had their first baby as a teenager.[6] Teen mothers are likely to remain on welfare much longer than other mothers.[15]
- Women who have their first child as a teenager receive lower hourly wages, accumulate less work experience, and earn less annually than other women. In fact, teenage mothers earn about 50 percent of the income of those who first give birth in their twenties.[14]

Cost To

- Of those women who become mothers before the age of 20, only 2 percent will graduate from college.[14]
- Because only about half of teen mothers obtain early prenatal care, their children are more likely to have significant health problems at birth. One in seven babies born to teenagers under age 15 has a low birth weight. Many do not survive their first year of life. The U.S. has one of the highest rates of infant mortality of any industrialized nation.[5]
- About 25 percent of the low birth weight babies who *do* survive their first year are at risk of being permanently disabled mentally and physically.[5]
- Medicaid pays for about 30 percent of all teen births each year. Births to teens cost the public $1.35 billion annually; assistance to *all teen parents* costs $2.7 billion annually.[5]

Teen Pregnancy Affects Boys, Too

- There are more than 16 million young men in the U.S. ages 14 to 21, of whom 10 million are sexually active.[12]
- Boys become sexually active before girls do. The average age of first intercourse ranges from 13 to 15.[11]
- In the inner city, the average age for first intercourse for boys is under age 12.[13]
- Males are generally more ignorant about sexuality, contraception, and pregnancy than females, even when they have equal access to education.[12]
- Teenage boys with poor academic skills are three times as likely to become fathers as those with average skills.[18]
- Teenage fathers are far more likely to drop out of school than young men who delay parenthood.[6]

Society

The Impact Of Education

A cornerstone of any program to reduce teen pregnancy must be improving the educational skills of all teenagers. The fact is, teens who are successful in school have a significantly lower risk of becoming pregnant than teens with poor academic skills. Schools need to be concerned about preventing teenage pregnancy, because they must deal with its consequences for their students today and tomorrow.

- Teenage girls with poor academic skills are five times as likely to become mothers before age 16 as are teenagers with average or above-average skills in school.[14]
- Two-thirds of all mothers receiving Aid to Families with Dependent Children (AFDC) between the ages of 17 and 21 have basic reading skills at the sixth-grade level or below.[15]
- Once teenage mothers drop out of school, they are significantly less likely than other dropouts to ever complete their high school education.[15]
- The *children* born to teenage parents are significantly more likely to face difficulties when they reach school age. These children are at greater risk of handicapping conditions, poverty, and health problems that often lead to difficulties in school.[16]
- Children of teenage parents tend to need more educational support services than children of older parents. They tend to score lower than the children of older parents on standardized tests, and they perform less well in school.[16]

The National Research Council noted in its well-received book, *Risking the Future . . . Adolescent Sexuality, Pregnancy, and Childbearing*, "Sustained poverty, frustration, and hopelessness are all too often the long-range outcomes" of teenage pregnancy. An investment in improving the education of *all* American children can help break the cycle of poverty and failure for future generations.

Why Teens Get Pregnant

Most teenagers do not choose to become pregnant. In fact, 9 out of 10 teenage pregnancies are unplanned. The Children's Defense Fund notes that the adolescents most likely to get pregnant are those who "feel that no door will be closed by teen pregnancy because they believe from the outset that no doors are open to them."

A 1986 Harris poll found that teenagers — both girls *and* boys — are most likely to be at risk of becoming an unwed parent if they:

- Are living in poverty
- Have poor academic skills
- Have low self-esteem.

These individual factors are compounded by social pressures and ignorance about sexuality. In the Harris poll, for example, the teenagers said that social pressure is the chief reason so many of their peers do not wait to have sexual intercourse until they are older. Not surprisingly, more girls than boys reported that they had personally felt pressured by other teenagers to go further with sex than they wanted to.

Teenagers who have had sexual intercourse indicated that "unexpected sex" — with no time to prepare — is the most frequent single reason why they do not protect themselves against pregnancy. Other reasons they gave included that they do not want to use birth control; they do not know about birth control or have access to it; or that they are too embarrassed to pursue birth control or fearful that their parents will find out. Some 15 percent said that they believe they do not need birth control — that they are safe . . . that pregnancy will not happen to them. The fact is, only one in three teenagers who have chosen to be sexually active say they protect themselves from pregnancy all the time.

It is clear that many teenagers are confused or uncertain of the facts about their sexuality. And, according to Harris, those teenagers who are most at risk of getting pregnant are those who have the least knowledge about sex.

What Can Prevent Teen Pregnancy?

Helping teenagers understand and visualize the options they have for their lives is one of the most powerful ways to help them avoid pregnancy. So most successful teen pregnancy prevention programs seek to expand the life options of teenagers. Although their approaches vary, their goals are similar. They:

Teen pregnancy programs are different from drug or alcohol awareness classes: The emphasis is not on *whether* to become sexually active, but *when*. There is some evidence that young people who are given access to sex education programs before they become sexually active tend to begin sexual activity somewhat later than other teens. Today, most successful family life education programs include an emphasis on delaying sexual activity.

Today, teenagers are bombarded with messages about sex. A 1981 study in the *Journal of Communication* estimated that there were 20,000 scenes of suggested sexual intercourse and behavior, sexual comment, and innuedo in a year of prime-time television. The number has increased since then — some estimate that television transmits 65,000 sexual messages every year.

These messages have a disproportionate impact on teenagers. Large numbers of teens told the Harris poll researchers they believe television gives a realistic picture of such topics as sexually transmitted

diseases (45 percent), pregnancy and the consequences of sex (41 percent), family planning to prevent pregnancy (28 percent), and people making love (24 percent).

The younger the teen, the more likely he or she is to depend on television for information about sex. Teens need access to accurate information if they are to make informed choices about sexuality. And they need the opportunity to communicate openly with adults who care about them . . . and their future.

There is considerable evidence that teenagers who feel positive about themselves and their futures are less likely to become teenage parents. Teens with good academic grades or those who are involved in sports or other extracurricular activities are *least* likely to become teenage parents.

It is important to remember that half of all teenagers have chosen *not* to become sexually active. In contrast, most teens who become pregnant did not *choose* pregnancy: It "just happened."

As the Children's Defense Fund points out, "Once teens become sexually active, they must make repeated affirmative decisions to prevent pregnancy. Unwed parenthood is the natural endpoint unless decisions are made."

Effective pregnancy prevention programs can help teens make the decision not to become sexually active, or to take responsible steps that they or their families feel are appropriate to prevent pregnancy if they do become sexually active.

The more teens are exposed to the world of work, the broader their options in life appear to be and the less likely they are to become pregnant. Of course, the time spent working should not be so extensive that it interferes with school responsibilities.

A key way to build self-esteem is by helping others. Community service is also an important way to help students explore careers and develop job skills. A Gallup survey found that American youth have a strong desire to be involved in their communities. It concluded: "The problem we face in America today is not a lack of willingness to serve or help others, but to find the appropriate outlet for this."

What's Working?

Let's look at the components of one successful adolescent pregnancy program, as well as other innovative programs across the country that are helping to combat the problems of teenage pregnancy.

Teen Outreach

The Teen Outreach Program (TOP) involves more than 800 youth participating in over 60 local programs in 18 cities. Its main goals are to decrease the rate of adolescent pregnancy and to increase the number of at-risk teens who graduate from high school. Through a unique curriculum focusing on key life-management skills in combination with volunteer community service, it helps teenagers develop their options in life.

Now promoted and administered by the Association of Junior Leagues, Inc., in collaboration with the American Association of School Administrators, the program got its start in the St. Louis Public Schools with the help of the Danforth Foundation and the St. Louis Junior League. Today, the year-long program is open to middle and high school students in participating school districts.

Teens who are identified by their teachers as lacking motivation and self-esteem and those at high risk of failing in school, dropping out, or becoming pregnant are often attracted or referred to Teen Outreach.

Through the program, the schools are able to touch on many of the underlying causes of teenage pregnancy. In classes of approximately

20 students, trained facilitators encourage teens to discuss issues of importance to adolescents. These include:

- Developing self-esteem
- Life planning
- Learning about sexuality
- Teenage suicide
- Child abuse
- Sexual abuse.

Participants are encouraged to develop their own goals and to assume responsibility for their own actions. Discussions with other teens also help build self-esteem and self-awareness.

In addition to classroom instruction, participants spend at least two hours each week involved in some kind of community service work. The volunteer jobs — which can range from tutoring children to working with senior citizens — help the teens develop links with their community and a sense of responsibility for themselves and others.

The independent, ongoing evaluation of Teen Outreach confirms its effectiveness. When school suspensions, course failures, and pregnancies are compared among teens in Teen Outreach and similar groups of students in the same schools who are not enrolled in the program, there is "statistically significant" evidence that students in Teen Outreach are less likely to drop out of school or to become pregnant.

One student participant in the St. Louis TOP program summed up the program by saying: "I learned how to express myself clearly . . . I learned different responsibilities that young people have to their communities . . . I learned that I could say no to sex and drugs . . . There are other ways out."

Other Promising Programs

Postponing sexual involvement is the result of a partnership between the Atlanta Public Schools and Grady Memorial Hospital. A five-part series on "Making Responsible Decisions" is taught to junior high students by specially trained eleventh graders. The program emphasizes helping students to identify and develop skills to resist social and peer pressures to become sexually active. The hospital also offers the schools a five-part series on human sexuality taught by adults.

The Center for Population Options' Life Planning Education curriculum helps teens discover links between their sexual decisions, parenthood, and vocational choice. One unit in the flexible curriculum covers self-esteem, personal and family values, and sex role stereotypes. A second unit explores goal setting, decision making, and parenthood. The final unit, which deals with sexuality, employment, and communication, is being revised to include a module on AIDS. In Indianapolis, a partnership involving educators, clergy, and youth-serving agencies is implementing the program, which is already in use in other schools across the country.

The Summer Training and Education Program (STEP), sponsored by Public/Private Ventures in Philadelphia, is designed to improve the education and employability of disadvantaged youth. Participants, teens ages 14 and 15, take

It used to be that getting pregnant when you weren't married ruined your life because of the disgrace; now it just ruins your life, and nobody cares enough for it to be a disgrace.

— from the novel,
In Country,
Bobby Ann Mason

part in two summer programs that focus on educational remediation and work experience. A life planning component helps develop responsible social and sexual attitudes and behavior. During the school year, the program offers support to participants to help them maintain the gains they have made during the summer. In a recent two-year period, none of the girls who participated in the San Diego STEP program became pregnant.

Family Guidance Center in St. Joseph, Missouri, offers a series of courses for teenagers and their parents. Courses are typically sponsored by parent-teacher associations, churches, or youth-serving agencies. The five- or six-week sessions are offered for four separate groups: parents and their pre-teen boys (ages 9 to 12), parents and their teenage boys, parents and their pre-teen girls, and parents with older teenage girls. The program increases both knowledge about sexuality and communication skills within the family.

The Family is available to all pregnant students in Arlington, Virginia. This alternative school works closely with community agencies to provide comprehensive services — ranging from prenatal and postnatal checkups to support groups for young fathers. The program focuses on developing vocational and academic skills so young mothers can become financially independent.

The Teen Parent Assistance Program is a school-based education and training program in the Oakland, California, public schools. Teenage parents who have dropped out of school are served by this program, which focuses on developing educational and vocational options. In addition to offering an educational program geared toward either high school graduation or the GED, teen parents receive vocational assessment and job training. Paid work experience is part of the program. Many students receive assistance from the Job Training Partnership Act.

CYESIS offers pregnant teens and teenage parents an alternative secondary school in the Sarasota, Florida, public schools. CYESIS works with other community agencies to provide comprehensive services — transportation, day care, counseling, and health care. Regular academic classes are supplemented with parenting and health courses, which are available to teen fathers.

Project Taking Charge is a mentoring program sponsored by the New Concept Self Development Center in Milwaukee, Wisconsin, specifically for black teenage girls, ages 7 to 17. The girls, who live in Milwaukee housing projects, participate in weekly after-school meetings that focus on self-concept, sexuality, long-range planning, and exposure to careers. They are paired with black professional women who spend a minimum of 10 hours per month in activities designed to expose participants to alternative lifestyles. Since the program began in 1981, 103 girls have participated. All come from single parent homes, and 87 percent have mothers who were themselves teen parents. Only two participants have become pregnant.

New Concept also sponsors weekend retreats for boys and girls, exposing them to careers and encouraging them to interact with adults who can serve as role models.

HealthPoint, a non-profit organization with administrative offices in the St. Paul-Ramsey Medical Center in St. Paul, Minnesota, operates health clinics located in five high schools, one of which is a junior-senior high. These clinics offer comprehensive health services ranging from immunizations and acne treatment to counseling for eating disorders, tests for sexually transmitted diseases, and reproductive and family planning services. Clinics do not dispense contraceptives, but offer referral forms for contraceptive supplies that may be filled at neighboring health clinics. The clinics have demonstrated success in reducing adolescent pregnancy rates and increasing school retention of pregnant teens or teen parents. The center, working with the schools, has also developed two curricula: "Understanding Sexuality: Making Healthy Choices," a 15-lesson curriculum for high school students; and "Values and Choices," developed in collaboration with the Search Institute, for junior high students and their parents.

The Center, now the Johns Hopkins Adolescent Clinic, was a three-year demonstration program directed by the Johns Hopkins

School of Medicine in cooperation with the Baltimore, Maryland, schools. The program operated one, full-service storefront clinic near the hospital. The center staff provided in-school reproductive health education as well as individual and group counseling. Students could visit the clinics after school for a variety of comprehensive reproductive health services. Although the city of Baltimore has the highest teen pregnancy rate in the nation, after two years, the pregnancy rate in the schools with health clinics had dropped more than 30 percent. Program assessments also reveal that there was a seven-month delay in sexual activity for students in participating schools. In two nearby schools that offered only in-school sex education classes, the pregnancy rate rose more than 51 percent. The program was effective in reaching both boys and girls; in fact, more junior high school boys than girls were patients in the clinic. Today, the Baltimore Health Department operates seven school-based clinics in the schools, including one in Dunbar High School which is in close proximity to the former Self Center.

Teenage pregnancy is a complex problem and no single program is likely to be effective in addressing it. But as the National Research Council has pointed out, although the strategies for effective teen pregnancy prevention programs may differ, the goal they share is the same: to help young people "develop the necessary capabilities to make and carry out responsible decisions" that will affect their futures . . . and the future of the next generation.

What Can We Do?

Teenage pregnancy affects adolescents everywhere. It affects teens and families of all races, religions, and socioeconomic levels. Virtually no community escapes the negative impact teen pregnancy can have on the quality of life for today's youth as well as for the next generation. Because teen pregnancy affects everyone in the community, we all have a role to play in preventing it.

Families

Families have the primary responsibility to communicate information about sexuality to their children. A 1986 Gallup survey found that most teenagers prefer receiving information about sexuality from their parents. Yet although American parents may feel a responsibililty to talk with their teenagers about sex, they do not always find it easy. The Gallup survey found that 28 percent of sexually active teens have had no talk of any kind with their parents about sex.

U.S. Surgeon General Everett Koop suggests that parents should make clear to their children at an early age "the biological and moral basis for sexual activity." Parents must also remember that they continually convey their values about sexuality to their children even — and sometimes especially — without talking about them.[17]

Many studies indicate that communication between parents and children can postpone the onset of adolescent sexual activity. Families can:

- Make sure teens understand the risks and consequences of early sexual activity.
- Communicate family and religious values on such issues as sexuality, pregnancy, contraception, and abortion.
- Support programs designed to reduce the incidence and impact of teen pregnancy, including those that help build self-esteem, foster community involvement, and broaden life options.

Schools

Today, most schools include some discussion about sexuality in the curriculum. Too often, however, the instruction that is offered is limited in scope and in total hours of instruction. Today, the number of states that mandate AIDS education is nearly three times larger than the number of states that mandate comprehensive human sexuality education. As a result, many teens still believe such myths as, "You can't get pregnant the first time you have intercourse."

A 1985 Harris poll found that more than 80 percent of all Americans support providing accurate information on sexuality in the schools. Schools have a responsibility to work with their communities to develop a curriculum that presents accurate information about sexuality. As the Maryland Department of Education has noted in its guidelines for sex education, "Schools cannot supplant the role played by family and religion in values education, but they can reinforce positive attitudes and behavior and counteract negative influences on the students."

In addition to continuing this important role, schools can take a number of other steps to help reduce the incidence and impact of teen pregnancy. Schools can:

- Ensure sex education programs meet the needs and expectations of the students, parents, and the community.
- Strengthen remedial programs as a way to improve the basic skills of all students.
- Encourage students to participate in community service projects and to gain work experience.
- Establish an early identification program for potential dropouts.
- Consistently encourage students to remain in school.
- Communicate the consequences and responsibilities of teenage pregnancy to all students.
- Communicate the risks of dropping out to teens who do become pregnant.
- Support staff development programs that communicate the facts about adolescent pregnancy.
- Recognize the needs of students who are already parents. Consider providing child care, health care services, and other support for teen parents.
- Take a leadership role in the community. Raise public awareness of all the consequences of teen pregnancy. Bring together community leaders to attack the problem.

Communities

The first step in mounting a community-wide response to the problems of adolescent pregnancy is to recognize that, "It *can* happen here." Families and schools need the support and participation of all segments of the community for pregnancy prevention programs to be most successful. Everyone in the community has a role to play. Communities can:

- Ensure that adequate health care is available to all children and adolescents in the community.
- Establish a community program that communicates the risks of teenage sexual activity and pregnancy.
- Involve all community agencies in identifying and providing pre-

natal care for teens who do become pregnant.

- Establish community service and job training and employment programs that help teens develop life options.
- Support families and schools in their efforts to prevent teen pregnancy. In some cities, for example, the city health department supports a teen health clinic in or near the schools.

Where Do We Start?

When families, schools, and communities work together, they can achieve results. To begin dealing with the problem of teen pregnancy in your community, here are some steps you might follow:

1. **Assess** the size of the problem. How many teenage pregnancies occur in your community each year? How many abortions? How many births? Involve members of the medical community in determining the extent of the problem.
2. **Evaluate** current programs. Are school sexuality programs adequate? Are teachers and counselors adequately trained? Who in the community is already addressing the issue of teen pregnancy? What other school and community resources can be brought to bear on this issue?
3. **Identify** specific needs. What are immediate needs? What are your long-term goals?
4. **Bring together** representatives from throughout the community to discuss the issue. What role can the business community play? How can the churches and others become involved?

"The key to the problem," says Brenda Hostetler from the Junior League of St. Louis' Teen Outreach Program, "is to make these kids actively want not to become pregnant rather than passively accepting whatever happens. It means broadening their horizons, showing [them] they can achieve whatever they aim for, improving the quality of their lives. That's a big order — and it will take a concerted effort by every segment of our society to fill it."

— Benjamin Franklin

Where Do We Start?

Assess the size of the problem
Evaluate current programs
Identify specific needs
Bring together represent

For More Information

The information in this book is based on the latest research from a number of organizations that have been active in assessing, preventing, and reducing the consequences of teenage pregnancy. For the latest information and national research on the problem of teenage pregnancy, contact:

American Association of Sex Educators, Counselors and Therapists
11 Dupont Circle N.W., Suite 220
Washington, D.C. 20036
(202) 462-1171

American Home Economics Association
2010 Massachusetts Avenue N.W.
Washington, D.C. 20036
(202) 862-8300

American Social Health Association
P.O. Box 13827
Research Triangle Park,
North Carolina 27709
(919) 361-2742

Association of Junior Leagues, Inc.
660 First Avenue
New York, New York 10016-3241
(212) 638-1515

Center for Population Options
1012 14th Street N.W., Suite 1200
Washington, D.C. 20005
(202) 347-5700

Children's Defense Fund
122 C Street N.W.
Washington, D.C. 20001
(202) 628-8787

Family Research Council of America, Inc.
515 Second Street N.E.
Washington, D.C. 20002
(202) 546-5400

The National PTA
700 North Rush Street
Chicago, Illinois 60611-2571
(312) 787-0977

National Research Council
2101 Constitution Avenue N.W.
Washington, D.C. 20418
(202) 334-2000

Planned Parenthood Federation of America, Inc.
Director of Education
810 Seventh Avenue
New York, New York 10019
(212) 541-7800

Search Institute
122 West Franklin, Suite 525
Minneapolis, Minnesota 55404
(612) 870-9511

Sex Information & Education Council of the U.S. (SIECUS)
32 Washington Place
New York, New York 10003
(212) 673-3850

SHARE Resource Center on Teen Pregnancy Prevention
P.O. Box 2309
Rockville, Maryland 20852
(800) 537-3788

(Sponsored by the U.S. Department of Health and Human Services, SHARE has compiled a comprehensive listing of curricula relating to the prevention of adolescent pregnancy.)

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Referenced Programs

Teen Outreach Program
Association of Junior Leagues, Inc.
660 First Avenue
New York, New York 10016-3241

Postponing Sexual Involvement
Teen Service Program
Grady Memorial Hospital
P.O. Box 26158
Atlanta, Georgia 30335

Life Planning Education
Center for Population Options
1012 14th Street N.W., Suite 1200
Washington, D.C. 20005

STEP: Summer Training and Education Program
Public/Private Ventures
399 Market Street
Philadelphia, Pennsylvania 19106

Family Guidance Center
910 Edmond, Suite 100
St. Joseph, Missouri 64501

Family Education Center
c/o Arlington Public Schools
1426 North Quincy Street
Arlington, Virginia 22207

Teen Parent Assistance Program
c/o Grant High School
417 29th Street
Oakland, California 94609

CYESIS
c/o School Board of Sarasota County
2418 Hatton Street
Sarasota, Florida 33577

Each One/Reach One Program
New Concept Self Development Center
636 West Kneeland Street
Milwaukee, Wisconsin 53212

Health Start
St. Paul-Ramsey Medical Center
Gillette Building, Room 321
640 Jackson Street
St. Paul, Minnesota 55101

Johns Hopkins Adolescent Clinic
601 North Broadway
Park Building, 3rd Floor
Baltimore, Maryland 21205

Acknowledgments

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